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MEMORANDUM

TO: Legislative Oversight Committee Members
Local CFAC Chairs
NC Council of Community Programs
County Managers
State Facility Directors
LME Board Chairs
Advocacy Organizations
MH/DD/SAS Stakeholder Organizations
Commission for MH/DD/SAS
State CFAC
NC Assoc. of County Commissioners
County Board Chairs
LME Directors
DHHS Division Directors
Provider Organizations
NC Assoc. of County DSS Directors

FROM: Dr. Craig L. Gray
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SUBJECT: Special Implementation Update # 75
Transition Timeframe for Full CABHA Implementation
Revised CABHA Letter of Attestation Submission Process
Update on Subcontracting between a CABHA and Provider Agencies
Extension of Case Management Services under CSS
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CST Service Revised Rate and Effective Date
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Transition Timeframe for Full CABHA Implementation

To assure continued access to services and a smooth transition for recipients, the timeframe for full implementation of Critical Access Behavioral Health Agencies (CABHA) has been extended to occur between July 1, 2010 and December 31, 2010.

This transition period will enable CABHAs who have been certified, enrolled, and endorsed for the specific service to begin or continue providing Intensive In-Home Services (IIH), Community Support Team (CST), and Child and Adolescent Day Treatment effective July 1, 2010. This will also allow current endorsed and enrolled providers of these services to continue to provide services between July 1, 2010 and December 31, 2010, if necessary to either complete the certification process to become a CABHA or to transition consumers to a CABHA. Over the next several months, as CABHAs complete the certification and enrollment process, DHHS will be working with local management entities (LMEs) and providers to transition consumers to certified

CABHAs. A workgroup with LME and provider representation is currently working with DHHS to outline the specifics of the consumer transition process. Additional details will be forthcoming from that workgroup.

Revised CABHA Letter of Attestation Submission Process

The DHHS has received approximately 600 CABHA Letters of Attestation and over 200 resubmissions. In order to respond to this volume in a timely manner with our limited resources, we have developed a submission protocol for CABHA Letters of Attestation.

The revised process for CABHA Letter of Attestation submissions, resubmissions, and desk reviews is effective July 1, 2010. The revised process includes a prescribed format for the Letter of Attestation and accompanying documents and can be found on the CABHA webpage of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) website at:

<http://www.ncdhhs.gov/mhddsas/cabha/index.htm>. In order for a Letter of Attestation to proceed to a desk review it must follow the prescribed format including an attached Content Form (also located on the DMH/DD/SAS CABHA webpage) indicating the documents enclosed and the corresponding page number of each document. Any new submission or resubmission of a Letter of Attestation that does not meet the requirements of the prescribed format will **not** be processed. A letter indicating the format was not followed will be sent to the provider. The provider has the opportunity during the entire review process to submit a total of three times (including the initial attestation letter). If after the third attempt a provider is unable to achieve CABHA certification their attestation will be denied. The provider must wait six months before reapplying.

The dated signature on the Letter of Attestation will be attesting that the provider meets the 30 day CABHA infrastructure requirements and is in compliance with the certification requirements necessary for CABHA certification.

Initial Letters of Attestation or resubmissions received by the DMH/DD/SAS before July 1, 2010 will be processed based on requirements previously noted in Implementation Update #64 and #70. However, if these packets or resubmissions do not meet previous requirements based on a desk review the provider will be notified and at that point would need to resubmit per this revised process. This means that all attestation letters that are currently in process will be treated as the first submission. Thus, if the current submission does not meet requirements the provider will have two additional opportunities to achieve certification.

In order for providers of CST, IIH, and Day Treatment to obtain CABHA certification on or before December 31, 2010 there must be benchmarks established to allow sufficient time for completion of the three stage review process. Therefore, current providers of these three services that have not yet achieved CABHA certification **must submit a completed Letter of Attestation on or before August 31, 2010.** This deadline will provide adequate time for the DHHS to complete the desk review portion of the CABHA certification process by September 30, 2010.

Update on Subcontracting between a CABHA and another Provider Agency

The Centers for Medicare and Medicaid Services (CMS) has clarified that a CABHA may not subcontract with another agency for the provision of services to meet CABHA requirements for required services.

CABHAs may however, secure the services of individual practitioners either through employment of the individual or as an independent contractor.

Extension of Case Management Services under Community Support Services

The end date for case management services under Community Support Services has been extended to allow recipients to access case management services under Child and Adult Community Support Services until the Mental Health and Substance Abuse Case Management State Plan Amendment has been approved. Community Support Services may be provided only for case management functions for up to four hours monthly for adults and children, though services for individuals under 21 are subject to Early and Periodic Screening, Diagnostic, and Treatment (EPDST) provisions. Please see Implementation Updates #65 and #68 for information on providing the case management functions of Community Support. Community Support providers should continue to request authorizations and bill under their current Community Intervention Service Agency (CISA)

Medicaid provider number (MPN). Providers should not attempt to request authorization and bill under a CABHA MPN.

Update on Community Support Team, Intensive In-Home and Child and Adolescent Day Treatment Training Requirements

Due to the complexity of the CABHA transition and to support successful implementation of the training requirements for CST and IHH services, the new training requirements for these services will not go into effect until January 2011. This will allow CABHAs to plan, develop and implement a training process for new and existing staff per the clinical coverage policy requirements and allow CABHA training directors the option to develop train-the-trainer resources within their CABHA in order to promote the delivery of high quality, cost effective training. More broadly, delaying these requirements will allow more time for area health education centers (AHEC), provider associations, colleges and universities, and other stakeholders to prepare for the training needs of the service system.

We gratefully acknowledge that many providers in the system have been proactive and have completed training requirements in the revised policies. This has been made possible by trainers and other stakeholders who have rapidly put appropriate trainings in place to meet the requirements. At this time, there is no intent to revise the training requirements; therefore, we encourage providers and trainers to continue with their current training plans. Any training that meets the revised policy requirements set forth in Implementation Update #73 will meet the criteria for training for CST and IHH services in January 2011.

The minimum training requirements in effect until January 2011 for CST and IHH are as follows per Clinical Coverage Policy 8A and Implementation Update #36:

Community Support Team

All CST staff must complete a minimum of twenty hours of crisis management and community support team service definition required components of training within the first 90 days of employment.

All staff

- 6 hours service definition training
- 3 hours crisis response
- 6 hours Person Centered Thinking
- 2 – 5 hours other topics related to service and population(s) being served

Team Leader and Qualified Professional (QP) Responsible for Person Centered Plan (PCP) Development

- 3 hours Person Centered Planning Instructional Elements

Intensive In-Home Services

All IHH staff must complete the intensive in-home services training within the first 90 days of employment.

All Staff

- 12 hours service definition training
- 6 hours Person Centered Thinking
- 2-5 hours in other content areas related to children/adolescents. Crisis response training is highly recommended.

Team Leader and QPs Responsible for PCP Development

- 3 hours Person Centered Planning Instructional Elements

Child and Adolescent Day Treatment

For Child and Adolescent Day Treatment, training requirements will remain the same as they are in the 04/01/10 Revised Clinical Coverage Policy 8A. The 12 hours of Person Centered Thinking training requirement that was added in Implementation Update #73 will not be effective until January 2011. Until January 1, 2011, six hours of Person Centered Thinking training will meet the minimum training requirement.

The attached training requirement grids for CST, IIH and Day Treatment have been revised to reflect the new training timelines.

Community Support Team Service Revised Rate and Effective Date

The effective date for the following rate decrease is July 1, 2010.

Service Code	Service Description	Service Unit	Current Rate	New Rate
H2015 HT	Community Support Team	per 15 min unit	\$ 15.60	\$ 14.50

Fee schedules are available on the Division of Medical Assistance (DMA) website at <http://www.ncdhhs.gov/dma/fee/>. Providers must always bill their usual and customary charges.

Community Support Team Revised Authorization Limit and Effective Date

Effective August 1, 2010, all new authorizations for CST shall be based upon medical necessity as defined by DMA Clinical Coverage Policy 8A and shall not exceed 32 hours (128 units) per 60-day period. Effective August 1, 2010, requests received by ValueOptions for more than 32 hours per 60-day period shall be returned as "Unable to Process." Existing authorizations for CST will remain effective until the end of the current authorization period.

Unless noted otherwise, please email any questions related to this Implementation Update to ContactDMH@dhhs.nc.gov.

cc: Secretary Lanier M. Cansler
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